

Amended Statement Cover

To change the recording of equity in subsidiary. Also, to change amounts dure from FEBPB and to change the accrued medical incentive pool.

HEALTH QUARTERLY STATEMENT

AS OF March 31, 2003

OF THE CONDITION AND AFFAIRS OF THE

OmniCare Health Plan

NAIC Group Code	0000	,	0000	NAIC Company Code	95582	Employer's ID Number	38-2031377
	(Current Period)		(Prior Period)				
Organized under the Laws of	Michigan			State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America						
Licensed as business type:	Life, Accident & Health[]		Property/Casualty[]		Hospital, Medical & Dental Service or Indemnity[]		
	Dental Service Corporation[]		Vision Service Corporation[]		Health Maintenance Organization[X]		
	Other[]		Is HMO Federally Qualified? Yes[X] No[]				
Date Incorporated or Organized	09/23/1972			Date Commenced Business	12/23/1973		
Statutory Home Office	1155 Brewery Park, Suite 250			Detroit, MI 48207			
	(Street and Number)			(City, or Town, State and Zip Code)			
Main Administrative Office	1155 Brewery Park, Suite 250						
	(Street and Number)						
	Detroit, MI 48207			(313)393-2379			
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)			
Mail Address	1155 Brewery Park, Suite 250			Detroit, MI 48207			
	(Street and Number or P.O. Box)			(City, or Town, State and Zip Code)			
Primary Location of Books and Records	1155 Brewery Park, Suite 250						
	(Street and Number)						
	Detroit, MI 48207			(313)393-2379			
	(City, or Town, State and Zip Code)			(Area Code) (Telephone Number)			
Internet Website Address	WWW.ochp.com						
Statutory Statement Contact	Kenyata J. Rogers, Controller			(313)393-2379			
	(Name)			(Area Code)(Telephone Number)(Extension)			
	Krogers@ochp.com			(313)393-4743			
	(E-Mail Address)			(Fax Number)			
Policyowner Relations Contact							
	(Street and Number)						
				(Area Code) (Telephone Number)(Extension)			
	(City, or Town, State and Zip Code)						

OFFICERS

Deputy Rehabilitator	Bobby L Jones
Deputy Rehabilitator	Beverly Allen

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

Herman B Gray M.D.	George Shade M.D. #
Tej Mattoo, M.D.	

State of	Michigan
County of	Wayne

 ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manuals except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

(Signature)	(Signature)	(Signature)
Bobby Jones	Beverly Allen	
(Printed Name)	(Printed Name)	(Printed Name)
Deputy Rehabilitator	Deputy Rehabilitator	Treasurer

Subscribed and sworn to before me this
day of , 2003

(Notary Public Signature)

ASSETS

		Current Statement Date			4
		1	2	3	December 31, Prior Year Net Admitted Assets
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	
1.	Bonds	1,193,588		1,193,588	1,193,588
2.	Stocks:				
2.1	Preferred stocks				
2.2	Common stocks	252,842		252,842	
3.	Mortgage loans on real estate:				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate:				
4.1	Properties occupied by the company (less \$..... encumbrances)				
4.2	Properties held for the production of income (less \$..... encumbrances)				
4.3	Properties held for sale (less \$..... encumbrances) ..				
5.	Cash (\$.....1,284,188 and short-term investments \$.....89,270) ..	1,373,458		1,373,458	3,341,276
6.	Contract loans (including \$..... premium notes)				
7.	Other invested assets				(14,006)
8.	Receivable for securities				
9.	Aggregate write-ins for invested assets				
10.	Subtotals, cash and invested assets (Lines 1 to 9)	2,819,888		2,819,888	4,520,858
11.	Investment income due and accrued	17,136		17,136	15,013
12.	Premiums and considerations:				
12.1	Uncollected premiums and agents' balances in course of collection	1,221,430	8,850	1,212,580	2,796,664
12.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$..... earned but unbilled premiums)				
12.3	Accrued retrospective premiums				
13.	Reinsurance:				
13.1	Amounts recoverable from reinsurers	125,037		125,037	125,037
13.2	Funds held by or deposited with reinsured companies				
13.3	Other amounts receivable under reinsurance contracts				
14.	Amounts receivable relating to uninsured plans				
15.1	Current federal and foreign income tax recoverable and interest thereon				
15.2	Net deferred tax asset				
16.	Guaranty funds receivable or on deposit				
17.	Electronic data processing equipment and software	273,663	273,663		225,283
18.	Furniture and equipment, including health care delivery assets (\$.....)				
19.	Net adjustments in assets and liabilities due to foreign exchange rates				
20.	Receivables from parent, subsidiaries and affiliates				
21.	Health care (\$.....6,772,088) and other amounts receivable	6,942,606	2,223,625	4,718,981	3,483,902
22.	Other assets nonadmitted				
23.	Aggregate write-ins for other than invested assets	67,341	67,341	0	0
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	11,467,101	2,573,479	8,893,623	11,166,757
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26.	TOTALS (Lines 24 and 25)	11,467,101	2,573,479	8,893,623	11,166,757
DETAILS OF WRITE-INS					
0901	.....			
0902	.....			
0903	.....			
0998.	Summary of remaining write-ins for Line 9 from overflow page				
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)				
2301.	Prepaid Expenses	67,341	67,341	0	0
2302	.....			
2303	.....			
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	67,341	67,341	0	0

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$..... reinsurance ceded)	20,001,719	155,836	20,157,555	22,765,842
2.	Accrued medical incentive pool and bonus payments	1,385,960		1,385,960	1,682,399
3.	Unpaid claims adjustment expenses	169,767		169,767	175,489
4.	Aggregate health policy reserves				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued	1,421		1,421	20,793
10.1	Current federal and foreign income tax payable and interest thereon (including \$..... on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$..... current) and interest thereon \$..... (including \$..... current)				
15.	Amounts due to parent, subsidiaries and affiliates	136,718		136,718	64,379
16.	Payable for securities				
17.	Funds held under reinsurance treaties with (\$..... authorized reinsurers and \$..... unauthorized reinsurers)				
18.	Reinsurance in unauthorized companies				
19.	Net adjustments in assets and liabilities due to foreign exchange rates				
20.	Liability for amounts held under uninsured accident and health plans				
21.	Aggregate write-ins for other liabilities (including \$.....335,000 current)	468,673		468,673	468,673
22.	Total liabilities (Lines 1 to 21)	22,164,258	155,836	22,320,094	25,177,575
23.	Common capital stock	X X X	X X X		
24.	Preferred capital stock	X X X	X X X		
25.	Gross paid in and contributed surplus	X X X	X X X		
26.	Surplus notes	X X X	X X X	13,977,132	13,974,864
27.	Aggregate write-ins for other than special surplus funds	X X X	X X X		
28.	Unassigned funds (surplus)	X X X	X X X	(27,403,603)	(27,985,682)
29.	Less treasury stock, at cost:				
29.1	..... shares common (value included in Line 23 \$.....)	X X X	X X X		
29.2	..... shares preferred (value included in Line 24 \$.....)	X X X	X X X		
30.	Total capital and surplus (Lines 23 to 28 minus Line 29)	X X X	X X X	(13,426,471)	(14,010,818)
31.	Total liabilities, capital and surplus (Lines 22 and 30)	X X X	X X X	8,893,623	11,166,757
DETAILS OF WRITE-INS					
2101.	Accrued Liabilities- FEHBP	468,673		468,673	468,673
2102	.....			
2103	.....			
2198.	Summary of remaining write-ins for Line 21 from overflow page				
2199.	TOTALS (Lines 2101 through 2103 plus 2198) (Line 21 above)	468,673		468,673	468,673
2701	.....	X X X	X X X		
2702	.....	X X X	X X X		
2703	.....	X X X	X X X		
2798.	Summary of remaining write-ins for Line 27 from overflow page	X X X	X X X		
2799.	TOTALS (Lines 2701 through 2703 plus 2798) (Line 27 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date
		1	2	3
		Uncovered	Total	Total
1.	Member Months	X X X	231,834	265,905
2.	Net premium income (including \$..... non-health premium income)	X X X	40,507,843	45,266,533
3.	Change in unearned premium reserves and reserves for rate credits	X X X		
4.	Fee-for-service (net of \$..... medical expenses)	X X X		
5.	Risk revenue	X X X		
6.	Aggregate write-ins for other health care related revenues	X X X	43,021	38,753
7.	Aggregate write-ins for other non-health revenues	X X X		
8.	Total revenues (Lines 2 to 7)	X X X	40,550,864	45,305,286
Hospital and Medical:				
9.	Hospital/medical benefits	162,130	26,151,748	27,562,155
10.	Other professional services			2,360,611
11.	Outside referrals			
12.	Emergency room and out-of-area	20,752	4,681,672	2,843,759
13.	Prescription drugs		6,356,775	7,093,219
14.	Aggregate write-ins for other hospital and medical			
15.	Incentive pool and withhold adjustments		(688,544)	
16.	Subtotal (Lines 9 to 15)	182,882	36,501,651	39,859,744
Less:				
17.	Net reinsurance recoveries			(102,076)
18.	Total hospital and medical (Lines 16 minus 17)	182,882	36,501,651	39,961,820
19.	Non-health claims			
20.	Claims adjustment expenses		435,207	
21.	General administrative expenses		3,428,314	4,212,039
22.	Increase in reserves for life and accident and health contracts (including \$..... increase in reserves for life only)			
23.	Total underwriting deductions (Lines 18 through 22)	182,882	40,365,172	44,173,858
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	185,692	1,131,428
25.	Net investment income earned		30,850	(453,104)
26.	Net realized capital gains or (losses)			
27.	Net investment gains or (losses) (Lines 25 plus 26)		30,850	(453,104)
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....) (amount charged off \$.....)]			
29.	Aggregate write-ins for other income or expenses		3,614	
30.	Net income or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	220,156	678,324
31.	Federal and foreign income taxes incurred	X X X		
32.	Net income (loss) (Lines 30 minus 31)	X X X	220,156	678,324
DETAILS OF WRITE-INS				
0601.	WIC Revenue	X X X	43,021	38,753
0602.	.....	X X X		
0603.	.....	X X X		
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X	43,021	38,753
0701.	.....	X X X		
0702.	.....	X X X		
0703.	.....	X X X		
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X		
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X		
1401.	.....		
1402.	.....		
1403.	.....		
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2901.	Grant Revenue		3,579	
2902.	Other		35	
2903.	.....		
2998.	Summary of remaining write-ins for Line 29 from overflow page			
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)		3,614	

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Year To Date	Prior Year To Date
CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	(14,010,818)	(57,830,908)
GAINS AND LOSSES TO CAPITAL & SURPLUS			
34.	Net income or (loss) from Line 32	220,156	678,324
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Net unrealized capital gains and losses	266,848	
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax		
39.	Change in nonadmitted assets	97,171	
40.	Change in unauthorized reinsurance		
41.	Change in treasury stock		
42.	Change in surplus notes	2,268	
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
44.1	Paid in		
44.2	Transferred from surplus (Stock Dividend)		
44.3	Transferred to surplus		
45.	Surplus adjustments:		
45.1	Paid in		
45.2	Transferred to capital (Stock Dividend)		
45.3	Transferred from capital		
46.	Dividends to stockholders		
47.	Aggregate write-ins for gains or (losses) in surplus	(2,096)	
48.	Net change in capital and surplus (Lines 34 to 47)	584,347	678,324
49.	Capital and surplus end of reporting period (Line 31 plus 48)	(13,426,471)	(57,152,584)
DETAILS OF WRITE-INS			
4701.	Effect of Rehabilitation	(2,096)	
4702	.....	
4703	.....	
4798.	Summary of remaining write-ins for Line 47 from overflow page		
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)	(2,096)	

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	78,665	205	12,675				3,425		62,360				
2. First Quarter	76,522	177	10,945				2,998		62,402				
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months	231,834	530	34,580				9,468		187,256				
Total Member Ambulatory Encounters for Period:													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Collected	41,441,450	125,881	7,512,348				1,865,935		31,937,286				
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned	40,507,843	136,080	6,625,826				1,973,686		31,772,251				
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services ...	39,406,377	237,132	6,671,121				1,695,018		30,803,106				
18. Amount Incurred for Provision of Health Care Services	36,501,651	215,496	4,021,846				1,936,388		30,327,921				

CLAIMS PAYABLE (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 days	Over 120 Days	Total
Individually Listed Claims Payable						
Detroit Medical Center					4,851,054	4,851,054
0199999 Individually Listed Claims Payable					4,851,054	4,851,054
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	2,745,141	71,522	2,785		500,000	3,319,448
0499999 Subtotals	2,745,141	71,522	2,785		5,351,054	8,170,502
0599999 Unreported claims and other claim reserves						11,987,053
0699999 Total Amounts Withheld						
0799999 Total Claims Payable						20,157,555
0899999 Accrued Medical Incentive Pool						1,385,960

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business		Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1+3)	6 Estimated Claim Reserve and Claim Liability Dec.31 of Prior Year
		1	2	3	4		
		On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec.31 of Prior Year	On Claims Incurred During the Year		
1.	Comprehensive (hospital & medical)	2,305,509	4,602,744	2,414,621	1,124,435	4,720,130	6,187,385
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan Premiums ..	547,956	1,147,062	353,574	1,056,448	901,530	1,098,591
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid	10,125,276	20,677,830	6,790,348	8,418,128	16,915,624	15,479,865
8.	Other health						
9.	Health subtotal (Lines 1 to 8)	12,978,741	26,427,636	9,558,543	10,599,011	22,537,284	22,765,841
10.	Other non-health						
11.	Medical incentive pools, accruals and disbursements ..			993,855	392,105	993,855	1,682,399
12.	TOTALS	12,978,741	26,427,636	10,552,398	10,991,116	23,531,139	24,448,240

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.		1 Guaranty Fund (Yes or No)	2 Is Insurer Licensed (Yes or No)	Direct Business Only Year-to-Date					
				3 Accident and Health Premiums	4 Medicare Title XVIII	5 Medicaid Title XIX	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums and Deposit-Type Contract Funds	8 Property/ Casualty Premiums
1.	Alabama (AL) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
2.	Alaska (AK) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
3.	Arizona (AZ) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
4.	Arkansas (AR) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
5.	California (CA) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
6.	Colorado (CO) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
7.	Connecticut (CT) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
8.	Delaware (DE) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
9.	District of Columbia (DC) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
10.	Florida (FL) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
11.	Georgia (GA) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
12.	Hawaii (HI) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
13.	Idaho (ID) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
14.	Illinois (IL) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
15.	Indiana (IN) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
16.	Iowa (IA) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
17.	Kansas (KS) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
18.	Kentucky (KY) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
19.	Louisiana (LA) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
20.	Maine (ME) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
21.	Maryland (MD) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
22.	Massachusetts (MA) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
23.	Michigan (MI) .....	.. No ..	.. Yes ..	..... 6,761,906	.....	..... 31,772,251	..... 1,973,686	.....	.....
24.	Minnesota (MN) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
25.	Mississippi (MS) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
26.	Missouri (MO) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
27.	Montana (MT) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
28.	Nebraska (NE) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
29.	Nevada (NV) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
30.	New Hampshire (NH) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
31.	New Jersey (NJ) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
32.	New Mexico (NM) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
33.	New York (NY) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
34.	North Carolina (NC) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
35.	North Dakota (ND) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
36.	Ohio (OH) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
37.	Oklahoma (OK) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
38.	Oregon (OR) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
39.	Pennsylvania (PA) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
40.	Rhode Island (RI) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
41.	South Carolina (SC) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
42.	South Dakota (SD) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
43.	Tennessee (TN) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
44.	Texas (TX) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
45.	Utah (UT) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
46.	Vermont (VT) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
47.	Virginia (VA) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
48.	Washington (WA) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
49.	West Virginia (WV) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
50.	Wisconsin (WI) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
51.	Wyoming (WY) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
52.	American Samoa (AS) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
53.	Guam (GU) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
54.	Puerto Rico (PR) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
55.	U.S. Virgin Islands (VI) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
56.	Canada (CN) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
57.	Aggregate other alien (OT) .....	.. X X X ..	.. X X X ..	.....	.....	.....	.....	.....	.....
58.	TOTAL (Direct Business) .....	.. X X X ..	(a)..... 1	..... 6,761,906	.....	..... 31,772,251	..... 1,973,686	.....	.....
DETAILS OF WRITE-INS									
5701	.....	.. X X X ..	.. X X X ..	.....	.....	.....	.....	.....	.....
5702	.....	.. X X X ..	.. X X X ..	.....	.....	.....	.....	.....	.....
5703	.....	.. X X X ..	.. X X X ..	.....	.....	.....	.....	.....	.....
5798.	Summary of remaining write-ins for Line 57 from overflow page .....	.. X X X ..	.. X X X ..	.....	.....	.....	.....	.....	.....
5799.	TOTALS (Lines 5701 through 5703 plus 5798) (Line 57 above) .....	.. X X X ..	.. X X X ..	.....	.....	.....	.....	.....	.....

(a) Insert the number of yes responses except for Canada and Other Alien.